

ANNUAL STATEMENT

FOR THE YEAR ENDING DECEMBER 31, 2017 OF THE CONDITION AND AFFAIRS OF THE

Health Alliance Plan of Michigan

	1311 rent Period)		NAIC Company	Code	95844	Employer's ID Number	er 38-2242827
Organized under the Laws of	,	Michigan		State	of Domicile or	Port of Entry	Michigan
Country of Domicile		Ŭ		, Gtate			
Licensed as business type:	Life Acci	dent & Health []	Property/Ca	sualty []	Н	osnital Medical & Dental	Service or Indemnity []
,,	•	ervice Corporation []		,		ealth Maintenance Organ	,
	Other []			•	ıalified? Yes [-	ization [X]
la como anoto di Como misso d		06/27/1978		-			2/4070
Incorporated/Organized		06/27/1976		ommenced	Business _	02/00	3/1979
Statutory Home Office		2850 West Grand (Street and Nu				Detroit, MI, US (City or Town, State, Countr	48202
Main Administrative Office		(0.000, 0.10, 110.		20E0 Wo	ot Crond Doul		, a.i.a 2.p codo,
					st Grand Boule eet and Number)		
	etroit, MI, U wn, State, Cou	S 48202 intry and Zip Code)			(A	313-872-8100 rea Code) (Telephone Number)	
Mail Address	285	0 West Grand Boulevard	i	i		Detroit, MI, US 4820)2
	,	treet and Number or P.O. Box)			,	City or Town, State, Country and	Zip Code)
Primary Location of Books a	and Record	s				and Boulevard d Number)	
	etroit, MI, U				<u> </u>	248-443-1093	
	wn, State, Cou	intry and Zip Code)			,	ode) (Telephone Number) (Exter	usion)
Internet Web Site Address		Diama I. Dana	n CDA	www	.hap.org	249 442 1003	
Statutory Statement Contact		Dianna L. Rona (Name)	II CPA			248-443-1093 (Area Code) (Telephone Number	
-	dronan@ha (E-Mail Add					248-443-8610 (Fax Number)	
			05510	ED0			
Name		Title	OFFIC	ERS	Name		Title
Teresa Lynn Kline	,	President and	CEO	Ric	chard Evan Sv	vift #,	Treasurer
Michelle Denise Johnson- Esq. #	Tidjani,	Secretary		An	nmarie Ericks	on # A	ssistant Secretary
	,		OTHER OF			<u> </u>	solotani ocorotary
Marrie Water Back	. .		CTORS O			ADU DDU - D	aliad Eilaan Danaina
Marvin Watson Beatt Colleen Marie Ezzeddine		Shari Lee Burg Joyce Viocha Hay		Sandra	Ann Cavette I Harvey Hollins	MPH RDH ROS III Jamie	alind Eileen Denning Chin-Chen Hsu Ph D
Teresa Lynn Kline Susanne Mary Mitche		Wright Lowenstein I	_assiter III	Rayı	mond Carmelo	Lope' Jud	ith Stephanie Milosic James G Vella
Susanne Mary Millone	2 11	Marguerite Subrar	ini Rigby	IVIICITEI	IE BIOCK SCHIE		James G Vella
State of	Michigan	ss					
County of	Wayne						
The officers of this reporting en above, all of the herein describe that this statement, together will iabilities and of the condition an and have been completed in acmay differ; or, (2) that state rule knowledge and belief, respective when required, that is an exact regulators in lieu of or in addition	ed assets we ith related e and affairs of cordance with es or regulately. Furtherrectopy (exception)	ere the absolute property of xhibits, schedules and exp the said reporting entity as the NAIC Annual Statement ions require differences in more, the scope of this atte pt for formatting differences	f the said reporting lanations therein countries of the reporting per ent Instructions and reporting not relate station by the description	entity, free a ontained, an riod stated a Accounting d to account ribed officer	and clear from a nexed or referra bove, and of its <i>Practices</i> and <i>F</i> ting practices ar s also includes	any liens or claims thereon, ed to, is a full and true sta is income and deductions the Procedures manual except to do procedures, according to the related corresponding el	except as herein stated, and tement of all the assets and terrefrom for the period ended, the extent that: (1) state law the best of their information, tectronic filing with the NAIC,
Teresa Lyr President a			Richard Ev				ohnson-Tidjani, Esq.
riesident a	nu CEU		rreas	uıcı			cretary
Subscribed and sworn to b	efore me t	his			a. Is this b. If no:	s an original filing?	Yes [X] No []
day of						ite the amendment numb te filed	er
						mber of pages attached	
Roderick Irwin Curry, Notar August 14, 2020	у						

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
0199999 Total individuals		,		,		
Group subscribers:						
Ford Motor Company	19,941,593					19,941,593
Group subscribers: Ford Motor CompanyFederal Employees Health Benefit Plan	8,265,855					
						-
0299997 Group subscriber subtotal		J0	0	0	0	28 , 207 , 447
0299998 Premiums due and unpaid not individually listed	6,912,916		54,964			7,044,263
0299999 Total group	35,120,364	76,383	54,964	0	J0	35,251,710
0399999 Premiums due and unpaid from Medicare entities	24 ,410					24,410
0499999 Premiums due and unpaid from Medicaid entities	05 444 774	70.000	51,001			05.070.400
0599999 Accident and health premiums due and unpaid (Page 2, Line 15)	35,144,774	76,383	54,964	0	0	35,276,120

EXHIBIT 3 - HEALTH CARE RECEIVABLES

		3			<u> </u>	7
Name of Debtor	2 1 - 30 Days	31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted
0199998 - Aggregate of amounts not individually listed above.	5,895,579	4,222,869	01 - 90 Days	Over 90 Days	Nonadiffitted	10,118,448
0199999 - Pharmaceutical Rebate Receivables	5,895,579		0	0	0	10,118,448
0/09098 - Agregate of amounts not individually listed shove	909.167		Ů	-	Ü	909,167
0499998 - Aggregate of amounts not individually listed above. 0499999 - Capitation Arrangement Receivables	909,167	0	0	0	0	909,167
0599998 - Aggregate of amounts not individually listed above.	000,101	Ů	Ů	565,439	565,439	500,101
0599999 - Risk sharing Receivables	0	0	0	565,439	565,439	0
0699998 - Aggregate of amounts not individually listed above.	15,161,361	Ů	Ü	300,403	000,400	15,161,361
0699999 - Other Receivables	15,161,361	0	0	0	0	15,161,361
000000 - Other Receivables	13,101,301	Ů	0	0	0	15,101,301
		ł		+		
				·		
				+		
		1		†		
		ļ		ļ		
				ļ		
	· 	ļ		 		
		ļ		 		
		ł		 		
		ł		†	·····	
	+	†		†		
0799999 Gross Health Care Receivables	21,966,107	4,222,869	0	565,439	565,439	26,188,975

EXHIBIT 3A – ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

	Health Care Rece During t	eivables Collected he Year		ceivables Accrued 31 of Current Year	5	6
Type of Health Care Receivables	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Claims Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4	Health Care Receivables in Prior Years (Columns 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
Pharmaceutical rebate receivables	12,174,257	15,183,969		10 , 118 , 448	12,174,257	9,496,268
Claim overpayment receivables					0	
Loans and advances to providers	-				0	
Capitation arrangement receivables	1,158,807	653,816		909 , 167	1,158,807	1,101,375
5. Risk sharing receivables	7 ,430 ,898		565 , 439		7,996,337	7 ,996 ,337
6. Other health care receivables	13,205,007	10,294,004		15,161,361	13,205,007	9 ,957 ,402
7. Totals (Lines 1 through 6)	33,968,969	26,131,789	565,439	26,188,975	34,534,408	28,551,382

Note that the accrued amounts in columns 3, 4 and 6 are the total health care receivables, not just the admitted portion.

EXHIBIT 4 – CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

	Aging Analysis of Unpaid	Claims				
1	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total
Claims Unpaid (Reported)						
0199999 Individually listed claims unpaid	3,084,438	728,054	U		U	LU
0299999 Aggregate accounts not individually listed-uncovered	30,164,021	3,607,888	101,902 1,151,303	542,716	277 ,914 2 ,379 ,549	4 ,210 ,836 37 ,845 ,477
0399999 Aggregate accounts not individually listed-covered						
0499999 Subtotals	33,248,459	4,335,942	1,253,205	561,244	2,657,463	42,056,313
0599999 Unreported claims and other claim reserves						115,589,685
0699999 Total amounts withheld						19,113,543
0799999 Total claims unpaid						176,759,541
0899999 Accrued medical incentive pool and bonus amounts						8,699,078

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

			,				
1	2	3	4	5	6	Admi	tted
						7	8
Name of Affiliate	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Current	Non-Current
Alliance Health and Life Insurance Co.	11,014,180					11,014,180	
HAP Preferred. Inc.	1,771,732					1,771,732	
HAP Midwest Health Plan. Inc	1,003,838					1,003,838	
HAP Preferred, Inc	40,004					40,004	
	<u> </u>						
				ļ	ļ		
0199999 Individually listed receivables	13,829,754	J0]0	0	 0	13,829,754	0
0299999 Receivables not individually listed							
0399999 Total gross amounts receivable	13,829,754	0	0	0	0	13,829,754	0

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5
Affiliate	Description	Amount	Current	Non-Current
Admin Sys Research Corp	Stock transfer and redemption agreement Management Fees and Reimbursements Management Fees and Reimbursements Health Choice Plan	12,724,185	12,724,185	
Alliance Health and Life Insurance Co	Management Fees and Reimbursements	9.501.160	9.501.160	
Henry Ford Health System	Management Fees and Reimbursements	3,051,703	3,051,703	
HAP Preferred, Inc	Health Choice Plan	35,911	35,911	
Admin Sys Research Corp. Alliance Health and Life Insurance Co. Henry Ford Health System. HAP Preferred, Inc. HealthPlus Insurance Company Trust.	Reimbursements	3,047	3,047	
0199999 Individually listed payables		25,316,006	25,316,006	0
0299999 Payables not individually listed		, ,	, ,	
0399999 Total gross payables		25,316,006	25,316,006	0

EXHIBIT 7 - PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
Medical groups	276,577,370	17 .0	115,562	44.8	151,702,155	124,875,215
2. Intermediaries		0.0		0.0		
3. All other providers	5,945,027		142,382	55 . 2		5,945,027
Total capitation payments	282,522,397	17 . 4	257,944	100.0	151 , 702 , 155	130,820,242
Other Payments:						
5. Fee-for-service	46,892,623	2.9	xxx	XXX	3,240	46,889,383
Contractual fee payments	1,283,463,437	78.9	xxx	XXX	155 , 188 , 814	1,128,274,623
7. Bonus/withhold arrangements - fee-for-service			xxx	XXX		
Bonus/withhold arrangements - contractual fee payments		8.0	Lxxx	XXX	458,369	12,483,706
9. Non-contingent salaries		0.0	Lxxx	XXX		
10. Aggregate cost arrangements		0.0	xxx	XXX		[
11. All other payments		0.0	Lxxx	XXX		[
12. Total other payments	1,343,298,135	82.6	xxx	XXX	155,650,423	1,187,647,712
13. Total (Line 4 plus Line 12)	1,625,820,532	100 %	XXX	XXX	307,352,578	1,318,467,954

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

	EXHIBIT 1-1 ART 2-00 MINART OF TRANSACTI	ONO WITH HATE	EXHIBIT 7 - PART 2 - SUMMART OF TRANSACTIONS WITH INTERMEDIARIES											
1	2	3	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized									
NAIC Code	Name of Intermediary	Capitation Paid	Capitation	Total Adjusted Capital	Control Level RBC									
	NIONIT													
	NONE													
	11011													
9999999 Totals			XXX	XXX	XXX									

EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
Administrative furniture and equipment	25,362,305		11,632,906	13,729,399	13,729,399	
Medical furniture, equipment and fixtures						
Pharmaceuticals and surgical supplies						
Durable medical equipment						
5. Other property and equipment						
6. Total	25,362,305	0	11,632,906	13,729,399	13,729,399	0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Health Alliance Plan of Michigan 2.

								(LOCATION)		
AIC Group Code 1311 BUSINESS IN THE STATE C	OF Michigan	Compreh		DURING THE YEAR 2	017			NA I	IC Company Code	95844
	1	(Hospital &	Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	287,960	11,644	196,858				18,094	61,364		
2 First Quarter	272,897	18,035	176,613				17,295	60,954		
3 Second Quarter	268,325	16,595	174,512				16,432	60,786		
4. Third Quarter	262,216	15,490	169,933				16,084	60,709		
5. Current Year	257,944	14,295	167,150				15,939	60,560		
6 Current Year Member Months	3,198,571	195,422	2,074,968				198,591	729,590		
Total Member Ambulatory Encounters for Year:										
7. Physician	1,615,493	56,352	864,746				105,149	589,246		
8. Non-Physician	1,941,230	63,806	966,498				127,078	783,848		
9. Total	3,556,723	120,158	1,831,244	0	0	0	232,227	1,373,094	0	
10. Hospital Patient Days Incurred	200,392	2,152	28,057				7,253	162,930		
11. Number of Inpatient Admissions	31,280	614	9,115				2,010	19,541		
12. Health Premiums Written (b)	1,833,895,827	50 , 840 , 520	964,910,491				119,259,797	698,885,020		
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	1,833,895,827	50,840,520	964,910,491				119 , 259 , 797	698,885,020		
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	1,625,820,533	42,472,234	824,530,181				114 , 231 , 875	644,586,243		
18. Amount Incurred for Provision of Health Care Services	1,641,073,507	45,124,507	846,980,756				113,296,807	635,671,437		

(a) For health business: number of persons insured under PPO managed care products 0____and number of persons insured under indemnity only products 0____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$..............698,885,020



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

AIC Group Code 1311 BUSINESS IN THE STATE O	E Consolidated			DURING THE YEAR 2	017			(LOCATION)	AIC Company Code	95844
NIO GIOUP COUE 1311 BUSINESS IN THE STATE O	1	Compreh (Hospital &	nensive Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	287,960	11,644	196,858	0	0	0	18,094	61,364	0	
2 First Quarter	272,897	18,035	176,613	0	0	0	17,295	60,954	0	
3 Second Quarter	268,325	16,595	174,512	0	0	0	16,432	60,786	0	
4. Third Quarter	262,216	15,490	169,933	0	0	0	16,084	60,709	0	
5. Current Year	257,944	14,295	167,150	0	0	0	15,939	60,560	0	
6 Current Year Member Months	3,198,571	195,422	2,074,968	0	0	0	198,591	729,590	0	
Total Member Ambulatory Encounters for Year:										
7. Physician	1,615,493	56,352	864,746	0	0	0	105,149	589,246	0	
8. Non-Physician	1,941,230	63,806	966,498	0	0	0	127,078	783,848	0	
9. Total	3,556,723	120,158	1,831,244	0	0	0	232,227	1,373,094	0	
10. Hospital Patient Days Incurred	200,392	2,152	28,057	0	0	0	7,253	162,930	0	
11. Number of Inpatient Admissions	31,280	614	9,115	0	0	0	2,010	19,541	0	
12. Health Premiums Written (b)	1,833,895,827	50,840,520	964,910,491	0	0	0	119,259,797	698,885,020	0	
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	
15. Health Premiums Earned	1,833,895,827	50,840,520	964,910,491	0	0	0	119 , 259 , 797	698,885,020	0	
16. Property/Casualty Premiums Earned		0	0	0	0	0	0	0	0	
Amount Paid for Provision of Health Care Services	1,625,820,533	42,472,234	824,530,181	0	0	0	114,231,875	644,586,243	0	
18. Amount Incurred for Provision of Health Care Services	1,641,073,507	45,124,507	846,980,756	0	0	0	113,296,807	635,671,437	0	

⁽a) For health business: number of persons insured under PPO managed care products 0_____and number of persons insured under indemnity only products 0____

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$..............698,885,020

SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9 Posonyo Liability	10	11	12
NAIC					Type of			Reserve Liability Other Than For	Reinsurance	Modified	
Company	ID			Domiciliary	Type of Reinsurance		Unearned	Unearned	Payable on Paid	Coinsurance	Funds Withheld
Company Code	ID Number	Effective Date	Name of Reinsured	Domiciliary Jurisdiction	Assumed	Premiums	Premiums	Premiums	Payable on Paid and Unpaid Losses	Reserve	Funds Withheld Under Coinsurance
Code	Number	Ellective Date	Name of Remsured	Junstiction	Assumed	Premiums	Premiums	Premiums	and Unpaid Losses	Reserve	Under Comsurance
		•				•					
							†				
						• • • • • • • • • • • • • • • • • • • •					
		•				•	•		•		
I											
									ļ		
							ļ		ļ		ļ
						•					
		•				•					+
		• • • • • • • • • • • • • • • • • • • •									
		• • • • • • • • • • • • • • • • • • • •				•					
				NONE			·				
		•				• • • • • • • • • • • • • • • • • • • •					
		•				•					
		ļ					ļ				ļ
						•					ļ
											
					ļ		ļ	-	ļ		
					· 		 	-			
					·						†
					†		†	 	·····		†
					†		†	+	†		t
					·						†
					1		†	1	†····		
9999999	Totale				1	0	0	0	0	n	(

SCHEDULE S - PART 2 Listed by Peinsuring Company as of December 31, Current Year

	Rei 2	insurance Recover	able on Paid and Unpaid Losses Listed by Rei 4	nsuring Company as of December 31, Current	Year	-
	2	3	4	5	6	7
1						
NAIC			Name			
Company	ID	Effective	of	Domiciliary	Paid	Unpaid
Code Accident and Hea	Number	Date ates - U.S. Non-Aff	Company	Jurisdiction	Losses	Losses
00000	AA-9990032	01/01/2016	US Dept of Hith & Human Serv	DC	243,102	
1999999 - Acci	ident and Health	- Non-Affiliates - U	J.S. Non-Affiliates		243,102	0
2199999 - ACCI	ident and Health	- Non-Affiliates - - Total Accident and	Total Non-Affiliates		243,102 243,102	0
2399999 - Tota	al U.S. (Sum of 0	399999, 0899999, 149	99999 and 1999999)		243,102	0
		•				
					ļ	
	ļ		 		 	<u> </u>
					İ	
					ļ	ļ
					İ	
						
						
	·					
	· · · · · · · · · · · · · · · · · · ·					
	·					
	·					
					<u> </u>	L
					 	<u> </u>
		•				
					 	
				 	 	<u> </u>
					ļ	ļ
					ł	<u> </u>
					İ	
					ļ	
					<u> </u>	
					ļ	
					<u> </u>	L
					 	<u> </u>
9999999 To	tals—Life Annu	ity and Accident ar	l nd Health (Sum of 1199999 and 2299999)		243,102	0
3000000 10	LIIO, AIIIU	, and moducin al	.acam (Cam or 1100000 and 2200000)		240,102	

Ç

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year													
					6	7							
1 1	2	3	4	5			8	9	10	Outstanding	Surplus Relief	13	14
NAIC			Name		Type of	Type of		Unearned	Reserve Credit	11	12	Modified	
Company	ID	Effective	of	Domiciliary	Reinsurance	Business		Premiums	Taken Other than for			Coinsurance	Funds Withheld
Code	Number	Date	Company	Jurisdiction	Ceded	Ceded	Premiums	(Estimated)	Unearned Premiums	Current Year	Prior Year	Reserve	Under Coinsurance
			es - U.S. Non-Affiliates	dansaididi	Ocucu	Ocucu	1 Territariis	(Estillated)	Jeneamea i remiams	Odificial Toda	1 Hor real	TRESCIVE	Orider Comparance
16535	36-4233459		ZURICH AMER INS CO.	NV	SSL/I/A	CMM	97,711		T T			1	1
16535	36-4233459	01/01/2017	ZUNTOH AMED INC CO	NY	SSL/G/A	CMM.	984,388		-				
16535	36-4233459	01/01/2017	ZURICH AMER INS CO	NY	SSL/1/A	MR.	16,987						
16535	36-4233459	01/01/2017	ZUNTOH AMERITAS CO	NY		MR	19,492		-				-
16535	36-4233459	01/01/2017	ZURICH AMER INS CO. ZURICH AMER INS CO.	NY	SSL/G/A	FEHBP	99,296		·				-
		UI/UI/ZUI/	on-Affiliates - U.S. Non-Affiliates	JNT			1,217,874	Λ		Λ	Λ	Λ	
							1,217,874	0	0	0	0	0	0
			on-Affiliates - Total Authorized Non-Affiliates					Û	0	Ü	0	0	0
			otal General Account Authorized				1,217,874	0	Ů	0	0	0	0
			Account Authorized, Unauthorized and Certified				1,217,874	0	0	0	0	0	0
6999999 -	Total U.S. (Sum	of 0399999, 0899	999, 1499999, 1999999, 2599999, 3099999, 3799999,	, 4299999, 4899999,	5399999, 5999999 and	1 6499999)	1,217,874	0	0	0	0	0	0
							1		1			1	
													-
									-				-
													-
									. .				
									. .				.
									.				
l							1		.				
													-
													-
									-		ļ		-
									· -				-
									.				
									.				
ll.]		.		L		.
[1						
				· · · · · · · · · · · · · · · · · · ·				• • • • • • • • • • • • • • • • • • • •					
									· [ļ	
									· [······ ·		····	·····	·
l				·····					· [······			····	
9999999	lotals						1,217,874	0	0	0	0	1 0	0

Schedule S - Part 4 NONE Schedule S - Part 5 NONE

SCHEDULE S – PART 6 Five-Year Exhibit of Reinsurance Ceded Business (\$000 Omitted)

(\$000 Omitted)											
	1 2017	2 2016	3 2015	4 2014	5 2013						
A. OPERATIONS ITEMS											
1. Premiums	1,181	1,589	1,502	690	489						
2. Title XVIII-Medicare	36	29	56	0	0						
3. Title XIX-Medicaid	0	0	0	0	0						
Commissions and reinsurance expense allowance		0	0	0	0						
Total hospital and medical expenses	(248)	1,678	5,788	6,595	0						
B. BALANCE SHEET ITEMS											
6. Premiums receivable		0	0	0	0						
7. Claims payable	0	82	221	239	0						
Reinsurance recoverable on paid losses	243	2,319	5,268	4,455	0						
9. Experience rating refunds due or unpaid		0	0	0	0						
10. Commissions and reinsurance expense allowances due.		0	0	0	0						
11. Unauthorized reinsurance offset	0	0	0	0	0						
12. Offset for reinsurance with Certified Reinsurers	0	0	0	0	0						
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)											
13. Funds deposited by and withheld from (F)	0	0	0	0	0						
14. Letters of credit (L)	0	0	0	0	0						
15. Trust agreements (T)	0	0	0	0	0						
16. Other (O)	0	0	0	0	0						
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)											
17. Multiple Beneficiary Trust	0	0	0	0	0						
18. Funds deposited by and withheld from (F)	0	0	0	0	0						
19. Letters of credit (L)	0	0	0	0	0						
20. Trust agreements (T)	0	0	0	0	0						
21. Other (O)	0	0	0	0	0						

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

		1	2	3
		As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
	ASSETS (Page 2, Col. 3)			
1.	Cash and invested assets (Line 12)	481,917,060		481,917,060
2.	Accident and health premiums due and unpaid (Line 15)	35,276,121		35,276,121
3.	Amounts recoverable from reinsurers (Line 16.1)	243,102		243 , 102
4.	Net credit for ceded reinsurance	xxx	243,102	243 , 102
5.	All other admitted assets (Balance)	44,746,107		44,746,107
6.	Total assets (Line 28)	562,182,389	243,102	562,425,491
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)	176 , 759 , 540	0	176 , 759 , 540
8.	Accrued medical incentive pool and bonus payments (Line 2)	8,699,078		8,699,078
9.	Premiums received in advance (Line 8)	10,318,691		10,318,691
10.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount).	0		0
11.	Reinsurance in unauthorized companies (Line 20 minus inset amount)	0		0
12.	Reinsurance with Certified Reinsurers (Line 20 inset amount)	0		0
13.	Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)	0		0
14.	All other liabilities (Balance)	137,136,025		137 , 136 , 025
15.	Total liabilities (Line 24)	332,913,333	0	332,913,333
16.	Total capital and surplus (Line 33)	229,269,056	XXX	229,269,056
17.	Total liabilities, capital and surplus (Line 34)	562,182,389	0	562,182,389
	NET CREDIT FOR CEDED REINSURANCE			
18.	Claims unpaid	0		
19.	Accrued medical incentive pool.	0		
20.	Premiums received in advance	0		
21.	Reinsurance recoverable on paid losses	243,102		
22.	Other ceded reinsurance recoverables	0		
23.	Total ceded reinsurance recoverables	243,102		
24.	Premiums receivable	0		
25.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
26.	Unauthorized reinsurance	0		
27.	Reinsurance with Certified Reinsurers	0		
28.	Funds held under reinsurance treaties with Certified Reinsurers	0		
29.	Other ceded reinsurance payables/offsets	0		
30.	Total ceded reinsurance payables/offsets	. 0		
31.	Total net credit for ceded reinsurance	243,102		

SCHEDULE T – PART 2 INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN

					isiness Only		
States, Etc.		1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals
1. Alabama							
2. Alaska	AK						
3. Arizona	AZ						
4. Arkansas	AR		-				
5. California			-				
6. Colorado	CO		-				
7. Connecticut			-				
8. Delaware							
9. District of Columbia	DC						
10. Florida			-				
11. Georgia	GA		-				-
12. Hawaii			-				
13. Idaho							
14. Illinois	IL		-				-
15. Indiana	JN		-			-	-
16. lowa	JA		.				
17. Kansas			.				
18. Kentucky							
19. Louisiana	LA						
20. Maine			.				
21. Maryland			.				
22. Massachusetts							
23. Michigan	MI						
24. Minnesota	MN						
25. Mississippi	MS						
26. Missouri	MO						
27. Montana	TM						
28. Nebraska	NE						
29. Nevada	NV		_				
30. New Hampshire	NH						
31. New Jersey	NJ						
32. New Mexico	NM						
33. New York	NY						
34. North Carolina	NC						
35. North Dakota	ND						
36. Ohio	OH						
37. Oklahoma							
38. Oregon							
39. Pennsylvania							
40. Rhode Island							
41. South Carolina							
42. South Dakota							
43. Tennessee	TN						
44. Texas	TX	•					
45. Utah							
46. Vermont	VT						
47. Virginia		•					
48. Washington							
49. West Virginia							
50. Wisconsin							
51. Wyoming							
52. American Samoa							
53. Guam							
			l l				
54. Puerto Rico							
55. US Virgin Islands						ļ	
56. Northern Mariana Islands							-
57. Canada							-
58. Aggregate Other Alien	10						

4

SCHEDULE Y PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
						Name of Securities					Type of Control (Ownership,				
						Exchange if			Relationship		Board,	If Control is		Is an SCA	
_		NAIC		l		Publicly	Names of	L	to		Management,	Ownership		Filing	
Group Code	Group Name	Company Code	ID Number	Federal RSSD	CIK	Traded (U.S. or International)	Parent, Subsidiaries or Affiliates	Domiciliary Location	Reporting Entity	Directly Controlled by (Name of Entity/Person)	Attorney-in-Fact,	Provide	Ultimate Controlling Entity(ies)/Person(s)	Required?	*
Code	Henry Ford Health Systems	Code	Number	ROOD	CIK	international)	Health Alliance Plan of	Location	Enuty	(Name of Entity/Ferson)	inilidence, Other)	reiceillage	Henry Ford Health	(1/N)	
01311	Group.	95844	38-2242827]	Michigan	M I	RE.	Henry Ford Health System	Ownership	100.0	System]]	
l	Henry Ford Health Systems									Health Alliance Plan of			Henry Ford Health		
	Group		38-2513504				HAP Preferred Inc		DS	Michigan	Ownership	100.0		Y	
01311	Henry Ford Health Systems	60134	38-3291563				Alliance Health and Life Insurance Company	MI	DS	Health Alliance Plan of	Ownership	100.0	Henry Ford Health System	l N	(
01311	GroupHenry Ford Health Systems	00 134	30-3291303				Administration System Research	JWII	טע	Michigan Health Alliance Plan of	Owner Sirrp	100.0	Henry Ford Health	I	
	Group		38-2651185				Corporation		DS	Michigan	Ownership	100.0		l y	(
	Henry Ford Health Systems						'			Health Alliance Plan of	'		Henry Ford Health		
	Group		27 - 0449055				HAP Community Alliance		DS	Michigan	Ownership	100.0	System	N	
01311	Henry Ford Health Systems	95814	38-3123777				HAP Midwest Health Plan, Inc	MI	DS	Health Alliance Plan of	Ownership	100.0	Henry Ford Health System	, AI	(
01311	Group Henry Ford Health Systems	936 14	30-3123///	-			Than wildwest health Flan, inc	JWII	סע	. mrcmgan	Owner strip	100.0	System	INI	
	Group.		38-1357020				Henry Ford Health System.		UDP			0.0			
	Henry Ford Health Systems			İ			,						Henry Ford Health		
	Group		38-2791823				Henry Ford Wyandotte		NIA	Henry Ford Health System	Ownership	100.0		ļ	
	Henry Ford Health Systems Group		38-2947657				Henry Ford Macomb Hospital		NIA	. Henry Ford Health System	Ownership	100.0	Henry Ford Health System		(
	Henry Ford Health Systems		30-294/03/				Therity Ford Macdillo Hospital		NIA	Therity Ford hearth system		100.0	Henry Ford Health	1	
	Group		38-3146042				PHO of Mercy Macomb		NIA	Henry Ford Health System	Ownership	50.0]]	
	Henry Ford Health Systems						Mercy Mt. Clemens Real Estate,			, ,	'		Henry Ford Health		
	Group		38-2947657				LLC		NIA	Henry Ford Health System	Ownership	100.0	System		
	Henry Ford Health Systems Group		38-2565235				Fairlane Health Services Corp		NIA	Henry Ford Health System	Ownership	100.0	Henry Ford Health System		(
	Henry Ford Health Systems		30-2303233	-			Trairrane nearth services corp		NIA	Therity Ford hearth System		100.0	Henry Ford Health	-	
	Group		33-1210726				Neighborhood Development LLC		NIA	Henry Ford Health System	Ownership	100.0]	(
	Henry Ford Health Systems			İ			Henry Ford Health System			,	'		Henry Ford Health		
	Group		45-3852852				Employment, LLC		NIA	Henry Ford Health System	Ownership	100.0	System.		
i	Henry Ford Health Systems Group		90-0840304				Henry Ford Innovation Institute		NIA	Henry Ford Health System	Ownership	100.0	Henry Ford Health System		(
	Henry Ford Health Systems		20-0040304				Them's rota minovaction institute.			Thenry Toru nearth system		100.0	Henry Ford Health		
	Group		38-2433285				Henry Ford Continuing Care Corp.		NIA	Henry Ford Health System	Ownership	100.0	System		
	Henry Ford Health Systems						Henry Ford Health Care Corp			l.,		105.5	Henry Ford Health		
	GroupHenry Ford Health Systems		38-6553031				Self Funded Liability Plan	-	NIA	Henry Ford Health System	Ownership	100.0	SystemHenry Ford Health	{	(
	Group.		23-7383042				Henry Ford Health System Foundation		NIA	Henry Ford Health System	Ownership	100.0	System		(
	Henry Ford Health Systems		20 1000042				T ouridat Fort		NI/\	Thom's ford float the dystelli			Henry Ford Health	1	λ
	Group		32-0306774				Henry Ford Physician Network	.	NIA	Henry Ford Health System	Ownership	100.0	System.	ļ .	
	Henry Ford Health Systems		00 0000000				Northwest Detroit Dialysis		.,,			50.5	Henry Ford Health		
	Group.		38-3232668				Centers		NIA	Henry Ford Health System	Ownership	156.3	System	 	
	Henry Ford Health Systems Group		45-5325853				Home Dialysis Specialty Center		NIA	Henry Ford Health System	Ownership	30.0	Henry Ford Health System		(
	Henry Ford Health Systems						Macomb Regional Dialysis	1		Inomy for a noarth byston			Henry Ford Health	1	λ
	Group		26-0423581				Centers LLC		NIA	Henry Ford Health System	Ownership	60.0	System	 	
	Henry Ford Health Systems		00 4070404										Henry Ford Health		
l	GroupHenry Ford Health Systems		38-1378121	-			Sha Realty Corp		NIA	Henry Ford Health System	Ownership	100.0	SystemHenry Ford Health	·····	
	Group		90-0659735				Center for Senior Independence		NIA	Henry Ford Health System	Ownership	50.0	System		(
	.j vi vup		JU-UUJJI JJ			4	.toonrei ioi oemon machemather		-414 I W	.priority tutu ridattii systeill		.ı	U y O t GIII	4	

SCHEDULE Y PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7 Name of Securities	8	9	10	11	12 Type of Control (Ownership,	13	14	15	16
						Exchange if			Relationship)	Board,	If Control is		Is an SCA	
		NAIC	ID	Fadanal		Publicly	Names of Parent, Subsidiaries	D : -: !!:	to	Discretic Controlled by	Management,	Ownership		Filing	
Group Code	Group Name	Company Code	Number	Federal RSSD	CIK	Traded (U.S. or International)	or Affiliates	Domiciliary Location	Reporting Entity	Directly Controlled by (Name of Entity/Person)	Attorney-in-Fact,	Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Required? (Y/N)	*
<u> </u>	Henry Ford Health Systems	Couc	Number	ROOD	OIIX	international)	or Allinates	Location	Linky	(Name of Enaty/ Croon)	initiachee, other)	rerechtage	Henry Ford Health	(1/14)	
	Group.		26-3896897				Henry Ford West Bloomfield		NIA	Henry Ford Health System	Ownership	100.0	System]	
	Henry Ford Health Systems												Henry Ford Health		
	Group		38-3322462				P Cor, LLC (d/b/a Optimeyes)		NIA	Henry Ford Health System	. Ownership	100.0		ļ	
	Henry Ford Health Systems		44 0000504				Harris Frank Bathalana		NII A	Harris Fand Harlith Original	0	100.0	Henry Ford Health		
	Group Henry Ford Health Systems		11-2223561				Henry Ford Pathology Henry Ford Physicians		NIA	Henry Ford Health System	. Ownership	100.0	SystemHenry Ford Health		
	Group.		16-5746225				Accountable Care Org LLC		NIA	Henry Ford Health System	Ownership	100.0	System		
	Henry Ford Health Systems		10 01 10220				Center for Complementary and		1	Thomy ford floarth bystom	. O #1101 3111 P	1	Henry Ford Health	1	
	Group.		30-0092342				Integrative Medicine		NIA	Henry Ford Health System	Ownership	100.0			
	Henry Ford Health Systems						Henry Ford Health Sys						Henry Ford Health		
	Group		46-4064067				Government Affairs Services		NIA	Henry Ford Health System	. Ownership	100.0	System	ļ	
	Henry Ford Health Systems		00.0044000				Hariman Madical Building IB		NII A	Harris Fand Harlith Original	0	20.0	Henry Ford Health		
	Group Henry Ford Health Systems		38-3044223				.Horizon Medical Building, LP		NIA	Henry Ford Health System	. Ownership	32.0	SystemHenry Ford Health		
	Group.		16-5291602				HFHS-SCA Holdings, LLC		NIA	Henry Ford Health System	Ownership	49.0	System		
	Henry Ford Health Systems		10 0201002				Thirtie don nordings, Eco		1	Thomy ford floarth bystom	. O #1101 3111 P	1	Henry Ford Health	1	
	Group		47 - 1436663				Michigan Metro Dialysis, LLC		NIA	Henry Ford Health System	. Ownership	20.0	System		
	Henry Ford Health Systems						Henry Ford Allegiance Health			,			Henry Ford Health		
	Group		38 - 2756428				Group		NIA	Henry Ford Health System	. Ownership	100.0	System		
	Henry Ford Health Systems	,	00.0004000				Hanny Found Alleniance Health		NII A	Henry Ford Allegiance Health	O	100 0	Henry Ford Health		
	Group Henry Ford Health Systems		88-2024689				Henry Ford Allegiance Health		NIA	GroupHenry Ford Allegiance Health	Ownership	100.0	SystemHenry Ford Health		
	Group		38-1218485				Henry Ford Allegiance Carelink		NIA	Group	Ownership.	100.0			
	Henry Ford Health Systems						Henry Ford Allegiance Health	1	1	Henry Ford Allegiance Health	0 11101 0111 p	1	Henry Ford Health	1	
	Group.		38-3607833				Foundation		NIA	Group	Ownership	100.0	System		
	Henry Ford Health Systems						Cascades Professional Staffing			Henry Ford Allegiance Health	l		Henry Ford Health		
	Group		38 - 3370242				Corporation		NIA	Group	Ownership	100 . 0	System		
	Henry Ford Health Systems Group		37 - 2756161				Viking Health Systems		NIA	Henry Ford Allegiance Health Group	Ownership	100.0	Henry Ford Health System		
	Henry Ford Health Systems		01 -21 00 10 1				TVIKING HEALTH Systems		NIA	Henry Ford Allegiance Health		100.0	Henry Ford Health	1	
	Group		38-2756425				Healthlink		NIA	Group.	Ownership.	100.0	System		
	Henry Ford Health Systems									Henry Ford Allegiance Health	, , , , , , , , , , , , , , , , , , , ,		Henry Ford Health		
	Group.		45 - 3253643				Jackson Health Network, L3C		NIA	Group.	Ownership	100.0	System		
	Henry Ford Health Systems		00 4400000				Cascades Insurance Company,			Henry Ford Allegiance Health	0	100.0	Henry Ford Health		
	Group Henry Ford Health Systems		98-1132982	-			LTD		I A	GroupHenry Ford Allegiance Health	Ownership	100.0	SystemHenry Ford Health		
	Group						Telehealth Michigan		NIA	GroupGroup	Ownership	100 0	System.		
	Henry Ford Health Systems			1			Toronourth mroningan	1	1	Henry Ford Allegiance Health			Henry Ford Health	1	
	Group		38-2594857				Physicians Choice Network, LLC		NIA	Group.	Ownership	100.0	System	ļl	
	Henry Ford Health Systems						1			Henry Ford Allegiance Health	· '		Henry Ford Health		
	Group			-			. It's Your Life Services, LLC		NIA	Group	. Ownership	100.0	System	ļ	
	Henry Ford Health Systems		38-2336367				Honey Ford Allogiones Harris		NILA	Henry Ford Allegiance Health	Ownership	100.0	Henry Ford Health		
	GroupHenry Ford Health Systems		00-233030/				Henry Ford Allegiance Hospice Jackson Community Medical		NIA	Group Henry Ford Allegiance Health	Ownership	100.0	SystemHenry Ford Health		
	Group.		37 - 1502443				Record, L3C		NIA	Group.	Ownership	100.0			
	0. oup						1,000,4, 200			0.00p		0.0		1	
												0.0			
		1 1										1		1	

SCHEDULE Y PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

Asterisk Explanation

4.

SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7 Income/	8	9	10	11	12	13
NAIC Company	ID		Shareholder	Capital	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other		Management Agreements and	Income/ (Disbursements) Incurred Under Reinsurance		Any Other Material Activity Not in the Ordinary Course of the Insurer's		Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit
Code	Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Dividends	Contributions	Investments	Affiliate(s)	Service Contracts	Agreements	*	Business	Totals	Taken/(Liability)
95844	38-2242827	Health Alliance Plan of Michigan		(15,000,000)			(381.388.492)		ļ	(5,000,000)	(401,388,492)	
	38-2513504	HAP Preferred Inc					(8,056,427)		ļ		(8,056,427)	r
60134	38-3291563	Alliance Health and Life Insurance Compa		15,000,000			(86,552,650) 407,356,406		ļ		(71,552,650)	
	38 - 1357020	Henry Ford Health System.					407,356,406		ļ	5,000,000	412,356,406	
	38 - 2791823 38 - 2947657	Henry Ford Wyandotte					33,503,928		ł		33,503,928	I
	38-294/65/ 26-3896897	Henry Ford Wyandotte. Henry Ford Macomb Hospital Henry Ford West Bloomfield.							<u> </u>		44,866,747 544,937	 I
	38-3322462	P Cor LLC.			 	<u> </u>	1,833,573		ł		1,833,573	 I
95814	38-3123777	HAP Midwest Health Plan, Inc.			·····	†	(16,397,551)		†		(16,397,551)	, I
33014	38-3232668	Northwest Detroit Dialysis Centers					3,086,068		·		3.086.068	 I
	26 - 0423581	Macomb Regional Dialysis Centers LLC.		•			408,142		1		408,142	 I
	38-2651185 I	ASR Sys Res Corp					(60,000)		1		(60,000)	·
	41-2223561 I	Henry Ford Pathology					793.144				793.144	L
	30-0092342	Center for Complimentary and Integrated							ļ		33,933	J
	38 - 1218485	Henry Ford Allegiance Carelink					28,242		ļ		28,242	ļ
						ļ			ļ		0	r
						ļ			ļ			r
									ļ			
									ł			 I
									ł			 I
									·			 I
									†			 I
												 I
									1			·
												L
						ļ			ļ			·
						ļ			ļ			r
					ļ	ļ	ļ		ļ	ļ		······
					ļ	ļ			ļ			
									ł			I
									ł			
									t			I
					·····	†	1		t			 I
					İ	İ			1			 I
				•	1	T		•	1			, I
									1			L
9999999 (Control Totals		0	0	0	0	0	0	XXX	0	0	,

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

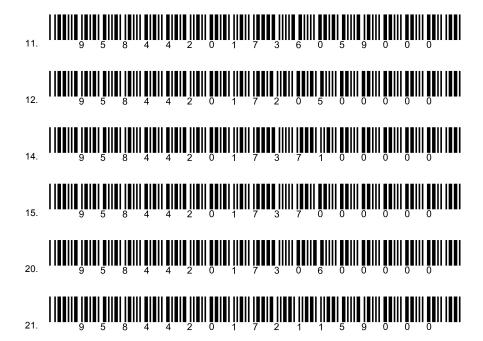
The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

interro	gatory questions.	
	MARCH FILING	Responses
1.		YES
2.		YES
3.		YES
4.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1? APRIL FILING	YES
5.		YES
6.	, , , ,	YES
7.		YES
	JUNE FILING	
8.	Will an audited financial report be filed by June 1?	YES
9.	Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES
	AUGUST FILING	
10.	Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1?	YES
which t	llowing supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar cod oplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following ons.	e will be printed below. If
	MARCH FILING	
11.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	N0
12.	Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	NO
13.	Will the Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	SEE EXPLANATION.
14.	Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	N0
15.	•	NO
16.	·	SEE EXPLANATION
17.		SEE EXPLANATION
18.		SEE EXPLANATION
19.	Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed with electronically with the NAIC by March 1?	SEE EXPLANATION
	APRIL FILING	
20.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	N0
21.		NO
22.		YES
23.	Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1?	YES
	AUGUST FILING	
24.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES
-	nation:	
11.		
12.		
13. No	t applicable	
14.		
15.		
16 4	alth Alliance Plan writes Medicare Part D through its Medicare Advantage Plan	
	t applicable	
	t applicable	
19. No	t applicable	
20.		

21.

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

Bar code:



OVERFLOW PAGE FOR WRITE-INS

M002 Additional Aggregate Lines for Page 02 Line 25. *ASSETS - Assets

		2	3	4
	1			
		Nonadmitted	Net Admitted Assets	Net Admitted
	Assets	Assets	(Cols. 1 – 2)	Assets
2504. Receivable from trusts.	Assets	Assets	(0013. 1 – 2)	175 860
				173,000
2505.			0	0
2506.			0	0
2597. Summary of remaining write-ins for Line 25 from Page 2	0	0	0	175,860

M003 Additional Aggregate Lines for Page 03 Line 23. *LIAB - Liabilities

	1	2	3	4
	Covered	Uncovered	Total	Total
2304. Liability for CMS Coverage Gap Discount Program	1,694,482		1,694,482	640,035
2305. Group Rating Adjustment	1,218,271		1,218,271	
2306. Payable to trusts			0	1,032,280
2397. Summary of remaining write-ins for Line 23 from Page 03	2,912,753	0	2,912,753	1,672,315

M005 Additional Aggregate Lines for Page 05 Line 47.
*REVEX2 - Capital and Surplus Account

		1	2
		Current Year	Prior Year
4704.	2015 Audit Adjustments		4,963,566
4705.	Put Option Noń-Controlling Interest Administration Systems Research Corp		(27,724,185)
4706.	2016 Audit Adjustments	(405,806)	` ´ ´ ´ ´
4797.	Summary of remaining write-ins for Line 47 from Page 05	(405,806)	(22,760,619)

ALPHABETICAL INDEX

ANNUAL STATEMENT BLANK

Analysis of Operations by Lines of Business	7
Assets	2
Cash Flow	6
Exhibit 1 – Enrollment By Product Type for Health Business Only	17
Exhibit 2 – Accident and Health Premiums Due and Unpaid	18
Exhibit 3 – Health Care Receivables	19
Exhibit 3A – Analysis of Health Care Receivables Collected and Accrued	20
Exhibit 4 – Claims Unpaid and Incentive Pool, Withhold and Bonus	21
Exhibit 5 – Amounts Due From Parent, Subsidiaries and Affiliates	22
Exhibit 6 – Amounts Due To Parent, Subsidiaries and Affiliates	23
Exhibit 7 – Part 1 – Summary of Transactions With Providers	24
Exhibit 7 – Part 2 – Summary of Transactions With Intermediaries	24
Exhibit 8 – Furniture, Equipment and Supplies Owned	25
Exhibit of Capital Gains (Losses)	15
Exhibit of Net Investment Income	15
Exhibit of Nonadmitted Assets	16
Exhibit of Premiums, Enrollment and Utilization (State Page)	30
Five-Year Historical Data	29
General Interrogatories	27
Jurat Page	1
Liabilities, Capital and Surplus	3
Notes To Financial Statements	26
Overflow Page For Write-Ins	44
Schedule A – Part 1	E01
Schedule A – Part 2	E02
Schedule A – Part 3	E03
Schedule A – Verification Between Years	SI02
Schedule B – Part 1	E04
Schedule B – Part 2	E05
Schedule B – Part 3	E06
Schedule B – Verification Between Years	SI02
Schedule BA – Part 1	E07
Schedule BA – Part 2	E08
Schedule BA – Part 3	E09
Schedule BA – Verification Between Years	SI03
Schedule D – Part 1	E10

ALPHABETICAL INDEX

ANNUAL STATEMENT BLANK (Continued)

Schedule D – Part 1A – Section 1	SI05
Schedule D – Part 1A – Section 2	SI08
Schedule D – Part 2 – Section 1	E11
Schedule D – Part 2 – Section 2	E12
Schedule D – Part 3	E13
Schedule D – Part 4	E14
Schedule D – Part 5	E15
Schedule D – Part 6 – Section 1	E16
Schedule D – Part 6 – Section 2	E16
Schedule D – Summary By Country	SI04
Schedule D – Verification Between Years	SI03
Schedule DA – Part 1	E17
Schedule DA – Verification Between Years	SI10
Schedule DB – Part A – Section 1	E18
Schedule DB – Part A – Section 2	E19
Schedule DB – Part A – Verification Between Years	SI11
Schedule DB – Part B – Section 1	E20
Schedule DB – Part B – Section 2	E21
Schedule DB – Part B – Verification Between Years	SI11
Schedule DB – Part C – Section 1	SI12
Schedule DB – Part C – Section 2	SI13
Schedule DB – Part D – Section 1	E22
Schedule DB – Part D – Section 2	E23
Schedule DB – Verification	SI14
Schedule DL – Part 1	E24
Schedule DL – Part 2	E25
Schedule E – Part 1 – Cash	E26
Schedule E – Part 2 – Cash Equivalents	E27
Schedule E – Part 3 – Special Deposits	E28
Schedule E – Part 2 - Verification Between Years	SI15
Schedule S – Part 1 – Section 2	31
Schedule S – Part 2	32
Schedule S – Part 3 – Section 2	33
Schedule S – Part 4	34
Schedule S – Part 5	35
Schedule S – Part 6	36
Schedule S – Part 7	37
Schedule T – Part 2 – Interstate Compact	39
Schedule T – Premiums and Other Considerations	38
Schedule Y – Information Concerning Activities of Insurer Members of a Holding Company Group	40
Schedule Y- Part 1A - Detail of Insurance Holding Company System	41
Schedule Y – Part 2 – Summary of Insurer's Transactions With Any Affiliates	42
Statement of Revenue and Expenses	4
Summary Investment Schedule	SI01

ALPHABETICAL INDEX

ANNUAL STATEMENT BLANK (Continued)

Supplemental Exhibits and Schedules Interrogatories	43
Underwriting and Investment Exhibit – Part 1	8
Underwriting and Investment Exhibit – Part 2	9
Underwriting and Investment Exhibit – Part 2A	10
Underwriting and Investment Exhibit – Part 2B	11
Underwriting and Investment Exhibit – Part 2C	12
Underwriting and Investment Exhibit – Part 2D	13
Underwriting and Investment Exhibit – Part 3	14





LIFE SUPPLEMENTS

For The Year Ended December 31, 2017

(To Be Filed By March 1)